

NEBRASKA HEALTH CONNECTION
GUIDEBOOK

June 22, 1995

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The Nebraska Health Connection Helpline is available from 8:00 a.m. - 5:00 p.m. CST, Monday through Friday. Beginning July 1, 1995, it will be available 24 hours per day, 7 days per week. The number is

1-800-569-0866

For questions about mental health and substance abuse services, the FHC Options, Inc. "Access to Care Line" is available from 8:00 a.m. - 5:00 p.m. CST, Monday through Friday. Beginning July 1, 1995, it will be available 24 hours per day, 7 days per week. The number is

1-800-804-5022

NEBRASKA HEALTH CONNECTION

I. OVERVIEW OF THE NEBRASKA HEALTH CONNECTION

The State of Nebraska provides health care coverage through the Nebraska Medical Assistance Program (Medicaid) for over 133,000 individuals and families. The Nebraska Department of Social Services (DSS) administers this program.

In 1993, the Legislature found that the health care costs at the federal, state and local levels exceeded, and will continue to exceed, available public resources. They passed the Managed Care Plan Act in June, 1993. This directed DSS to develop a managed care plan.

In order to meet fiscal constraints, Nebraska developed the Nebraska Health Connection.

PURPOSES OF THE NEBRASKA HEALTH CONNECTION

1. To improve the HEALTH and WELLNESS of Nebraska's Medicaid customers by increasing their ACCESS to comprehensive health services in a way that is COST-EFFECTIVE to the State.
2. To offer customers:
 - Expanded choices
 - Increased access to care
 - Greater coordination and continuity of care
 - Cost-effective health services
 - Better health outcomes through effective care management

COMPONENTS OF THE NEBRASKA HEALTH CONNECTION

1. Primary Care Case Management (PCCM) Network Administration
2. Capitated Health Plan or Health Maintenance Organization (HMO)
3. Mental Health and Substance Abuse (MH & SA) Services Network
4. Enrollment & Community Health Nursing Services
5. Data Management Services

The Nebraska Health Connection incorporates two managed care models:

1. The Capitated or Prepaid Health Plan (Health Maintenance Organization (HMO)
2. A fee-for-service Primary Care Case Management (PCCM) network

HEALTH MAINTENANCE ORGANIZATION (HMO)

1. The Department pays a predetermined FEE to the HMO vendor on a MONTHLY basis for each customer enrolled with the plan. This is called capitation.
2. The fee covers ALL services within the Basic Benefits Package to be provided to the customer on the basis of medical necessity.
3. The HMO is responsible for:

- Providing all services included in the Basic Benefits Package
- Contracting with Primary Care Physicians, specialists, hospitals and all other providers

PRIMARY CARE CASE MANAGEMENT (PCCM) NETWORK

1. The PCCM Network Administrator is responsible for:
 - Establishing a network of Primary Care Physicians
 - Credentialing providers
 - Performing quality assurance activities
2. The Primary Care Physician (PCP) is responsible for providing, referring, and coordinating services included in the Basic Benefits Package that are provided to the customer.
3. Services are reimbursed directly to the provider on a fee-for-service basis.
4. The PCP is paid a monthly case management fee of \$2 for each customer to manage their medical needs.

In both models, Medicaid customers choose a Primary Care Physician, ensuring a "medical home."

The PCP will be a Medicaid-enrolled provider and may participate in the Nebraska Health Connection through an HMO, PCCM Network or both.

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS PACKAGE

PREPAID HEALTH PLAN (PHP)

1. The Department pays a predetermined FEE to FHC Options, Inc. on a MONTHLY basis for each customer enrolled with the plan. This is called capitation.
2. The Prepaid Health Plan (PHP) is responsible for:
 - Managing the provision of all services included in the Mental Health and Substance Abuse Package
 - Contracting with all mental health and substance abuse practitioners to include physicians, psychiatrists, licensed psychologists, nurses, licensed mental health practitioners and certified drug and alcohol counselors, or doctoral/masters level professionals in the process of licensure and all providers such as hospitals, clinics, and treatment facilities

II. PERSONS COVERED BY NEBRASKA HEALTH CONNECTION

Participation in the Nebraska Health Connection is mandatory for eligible groups, with the following considerations:

- Effective July 3, 1995, only customers in Douglas, Sarpy and Lancaster Counties will participate in the Nebraska Health Connection's Basic Benefits Package. (The remainder of the state will begin at a later time.)
- The Mental Health and Substance Abuse Program begins operation July 17, 1995, on a statewide basis.

MANDATORY GROUPS

1. Aid to Dependent Children Program - Grant/Medical
2. Aid to Aged, Blind and Disabled Program - Grant/Medical
3. Medical Assistant Programs for Children, i.e., Ribicoff, Medical Assistance for Children, School Age Medical
4. Refugee Resettlement Program - Grant/Medical
5. Foster Care/Departmental Ward Programs (IV-E, Non-IV-E, Former Wards, Subsidized Guardianship Program)

EXCLUSIONS

Some customers will be excluded from participation in the Nebraska Health Connection:

- Customers whose private health insurance is determined qualified for coverage
- Customers participating in a home and community-based waiver program, including the Children's Mental Retardation Waiver Program
- Customers living out-of-state (children who are placed with relatives living out of state)
- Customers receiving services through the Subsidized Adoption Program, including those who receive a maintenance subsidy from another state
- Customers receiving services through the State Disability Program
- Children with certain disabilities who are receiving in-home services under the "Katie Beckett" program
- Customers receiving Medicaid as aliens for an emergency condition only
- Customers residing in an Intermediate Care Facility for individuals with Mental Retardation (ICF/MR) facility
- Customers residing in a nursing facility (for more than 60 days)
- Customers receiving Medicare
- Customers with excess income

III. COMMON COMPONENTS DESCRIPTION

The Nebraska Health Connection integrates two Managed Care Models: (1) Capitated or Prepaid Health Plans, and (2) Primary Care Case Management Networks. These models work in parallel, each accessing the common components of:

- Enrollment/Community Health Nursing
- Mental Health and Substance Abuse Management
- Data Management

In both models, a Primary Care Physician (PCP) is integral to the management of a customer's health care. The PCP serves as the customer's case manager and functions as the leader of the customer's health care team. The PCP coordinates necessary care through referral to the appropriate specialist, hospital, nursing, ancillary, or community services agency. Mental health and substance abuse services can also be accessed through the PCP.

NEBRASKA DEPARTMENT OF SOCIAL SERVICES

NEBRASKA HEALTH CONNECTION

COMMON COMPONENTS

Prepaid or Capitated
Health Plans
(Health Maintenance
Organizations)

Primary Care
Case Management
(PCCM)

Network

Enrollment/CHN

Mental Health and Substance Abuse

Data Management
and Reporting

ROLE OF THE PRIMARY CARE PHYSICIAN

1. **MANAGE** the customer's health care
 - Customers enrolled in the Nebraska Health Connection will be restricted to receiving services from the chosen Primary Care Physician (PCP) or from another qualified provider to whom the customer was referred by the PCP.

NOTE: The customer's use of family planning services and emergency services are not restricted.

2. **STRESS** Preventive Medical Care and **EARLY INTERVENTION**
3. **PROVIDE** continuous **ACCESS** (24 hours per day/7 days per week)
4. **PROVIDE** the services included in the Basic Benefits Package:
 - Inpatient hospital
 - Outpatient hospital
 - Clinical and anatomical laboratory
 - Radiology
 - **HEALTH CHECK**
 - Physician (including practitioners, nurse, midwife, and physician assistant)
 - Home Health
 - Family planning
 - Private duty nursing
 - Therapy services
 - Durable medical equipment and medical supplies
 - Podiatry
 - Chiropractic
 - Ambulance
 - Medical transportation
 - Dental and visual services
5. **ARRANGE** the appropriate referral for necessary medical care throughout the continuum of health care services.

ROLE OF ENROLLMENT AND COMMUNITY HEALTH NURSING

1. **PERFORM** administrative function of enrollment/transfers and disenrollment
2. **ENHANCE** the PCP services
3. **PROVIDE** patient-centered community health nursing services
4. **COORDINATE** existing health and social service resources
5. **PROVIDE** education to the customer and provider
6. **PROVIDE** outreach
7. **ASSIST** the customer in understanding the Nebraska Health Connection
8. **PROVIDE** a 24-hour **HELPLINE** for customers and providers
9. **COORDINATE/STANDARDIZE** educational and marketing materials

10. CONDUCT customer satisfaction surveys

The Enrollment and Community Health Nursing will be available to customers in Douglas, Lancaster, and Sarpy Counties through MAXIMUS, Inc. as of July 3, 1995. The program supports enrollment and ongoing customer advocacy for both the Health Maintenance Organization (HMO) and the Primary Care Case Management (PCCM) Network.

ROLE OF DATA MANAGEMENT SERVICES - THE MEDSTAT GROUP

1. PROVIDE information on the Nebraska Health Connection's utilization
2. PROVIDE information to determine quality of care
3. PROVIDE a single, centralized data manager

PLANS

PCCM NETWORK ADMINISTRATION. Primary Care+

HEALTH MAINTENANCE ORGANIZATION The Wellness Option
AND
Share Advantage

ENROLLMENT/COMMUNITY HEALTH NURSING. . . . MAXIMUS, Inc.
Nebraska Health Connection
Helpline 1-800-569-0866

MENTAL HEALTH and SUBSTANCE ABUSE
MANAGEMENT SERVICES. FHC Options, Inc.
1-800-804-5022

INTEGRATED HEALTH CARE DELIVERY SYSTEM

1. The customer may participate in either the Primary Care Case Management (PCCM) Network or with one of the Health Maintenance Organizations (HMO).
2. In either plan, the customer chooses a Primary Care Physician (PCP) to provide a "medical home." This physician will provide the service or arrange for an appropriate referral as part of the ongoing management of the customer's health care needs.
3. In the care of state wards, the parent or DSS worker, whoever is legal guardian, may act on the child's behalf and choose a Primary Care Physician. At the time of enrollment, the enrollment staff will work with the child and parent or DSS worker to determine which physician s/he wants. If no particular physician is identified, the benefits of each primary care plan will be given to the customer along with a list of all enrolled physicians. Every effort will be made to maintain current patient/provider relationships if the provider is participating in the Nebraska Health Connection.
4. If a child, who is not enrolled in the Nebraska Health Connection at the time s/he becomes a ward of the Department needs a medical service (such as a physical examination), the child may temporarily receive services from his/her own physician) on a fee-for-service basis.
5. In order for the child to continue receiving services from that physician, the provider must be an enrolled provider in the Nebraska Health Connection.
6. Customers enrolled with the Nebraska Health Connection will be restricted to receiving services from his/her PCP or from another qualified provider to whom the customer is referred by the PCP.
7. The PCP will emphasize prevention, early intervention, and health maintenance.
8. The Primary Care Physician will provide continuous access for the customer on a 24-hour-per-day/ seven-days-per-week basis.
9. The Primary Care Physician must practice in one of the following specialties, or be a resident physician under the supervision of a qualified and approved attending physician:
 - Family Practice
 - General Practice
 - Internal Medicine
 - Obstetrics and Gynecology
 - Pediatrics

or be a resident physician under the supervision of a qualified and approved attending physician.

IV. ENROLLMENT PROCESS

1. TIME OF ENROLLMENT into the Basic Benefits Package portion of the Nebraska Health Connection in Douglas, Sarpy, and Lancaster Counties will vary:
 - For new applicants, at the time of the initial eligibility interview
 - For currently-eligible customers, phase-in enrollment 7/3/95 to 12/31/95
2. Enrollment activities are not required for the customer to participate in the Mental Health and Substance Abuse portion of the Nebraska Health Connection. Customers are enrolled in the mental health and substance abuse portion of the Nebraska Health Connection by virtue of their eligibility for Medicaid and their "mandatory" status.

ENROLLMENT ACTIVITIES:

1. Provide information on the Nebraska Health Connection Program
2. Complete the Health Status/Needs Assessment
3. Choose a Primary Care Physician and Plan

AUTOMATIC ASSIGNMENT:

A Primary Care Physician and plan will be assigned to a customer, if s/he has not made a choice following completion of Enrollment Activities and eligibility has been determined.

EFFECTIVE DATE OF NEBRASKA HEALTH CONNECTION COVERAGE:

1. The first day of the month following the month during which eligibility is determined and enrollment activities are complete.
2. Prior months remain Fee-for-Service, if the customer is Medicaid-eligible.

TRANSFERS:

1. A customer may transfer from one plan or Primary Care Physician to another for any reason.
2. Provider-requested transfers require approval by the Department.

DISENROLLMENTS (from Nebraska Health Connection to Fee-for-Service):

Disenrollments are allowed in limited situations, with Departmental approval.

V. HEALTH CARE SERVICES PROVIDED

The Nebraska Health Connection benefits fall under two categories:

1. Primary Care Basic Benefits Package
2. Mental Health and Substance Abuse Basic Benefits Package

The Primary Care Basic Benefits Package includes these main services:

- Inpatient hospital services
- Outpatient hospital services
- Other physician and medical services
- Medical transportation services
- Home health services
- HEALTH CHECK Program

The Mental Health and Substance Abuse Basic Benefits Package includes:

- Outpatient Services such as:
 - * Evaluations by a licensed practitioner of the healing arts who is able to diagnose and treat major mental illness within the scope of his/her practice
 - * Individual, group, family psychotherapy
 - * Individual and group substance abuse counseling for children
 - * Family substance abuse counseling for children
 - * Family assessment
 - * Conferences with families or other responsible persons advising them on how to assist the child
 - * Mileage for home-based family therapy or counseling services for children
 - * Mental health home health and personal care services for children
 - * Pre-treatment assessment
 - * Day treatment services
 - * Treatment foster care
 - * Treatment group home
 - Inpatient hospital services
 - Residential treatment center services for children
 - Crisis Intervention:
 - * Observation room services
 - * Residential acute services for children
 - * Non-residential and treatment foster care for children
 - * Emergency Shelter Center

When necessary, the Primary Care Physician will arrange the appropriate referral for medical care by coordinating access to specialty care and other health services.

In the PCCM Network, a referral for specialty services will occur as they do now, from one physician to another.

In the HMO, specialty providers will be required to enter into a contractual arrangement with the HMO. The HMO is responsible for the delivery of the basic benefits as well as referral services.

VI. MENTAL HEALTH AND SUBSTANCE ABUSE MANAGEMENT NETWORK

The Mental Health and Substance Abuse Management Network will establish a statewide system of mental health and substance abuse services. The mental health provider is being provided a capitated payment to build and operate a network that provides:

- Continuity of mental health and substance abuse services to all customers required to participate in the Nebraska Health Connection statewide
- A full array of services along a continuum of care to include:
 - Emergency and urgent care
 - Brief intensity services
 - Crisis intervention
 - Outpatient treatment
 - Mid-intensity treatment, such as residential treatment, and treatment foster care
 - Acute inpatient care
 - Active treatment
- Services that are solution-focused with time-limited treatment and intervention
- 24-hour access to mental health and substance abuse services by way of direct customer access through a Customer Assistance Program (CAP) or the PCP or both
- A communication network that provides necessary information to each mental health and substance abuse provider and the PCP, as frequently as necessary, based on the customer's needs
- Development of services, where services are lacking

VII. CHILD WELFARE INTERFACE WITH NEBRASKA HEALTH CONNECTION

Child Welfare Case Manager Functions

Medicaid Managed Care Vendor Functions

Referral for enrollment.

Assessment, evaluation, treatment and medical care management.

Provides appropriate information in a timely manner to Nebraska Health Connection Primary Care Physician or mental health or substance abuse provider regarding changes in case plan.

Provides information to child welfare case manager including updates/changes in customer's care and treatment plan.

Participates as a member of Nebraska Health Connection health care team by providing advocacy, social information and giving informed consent for treatment, as necessary.

Leads treatment team, develops treatment plan(including level of service based on medical necessity), incorporates decisions with input from team into treatment decision and discharge planning.

Incorporates medical information/ feedback into overall child welfare plan and reports to court, when appropriate.

Utilizes child welfare social information/ feedback, develops treatment plan, makes all decisions related to treatment plan, and updates treatment plan.

Reports to the court regarding the overall child welfare plan.

Supports child welfare case manager by testifying in court, as needed.

Supports child and family through transitions in treatment.

Supports child and family through changes overall child welfare plan, including placement changes.

Coordinates and refers to providers for non-medical services.

Coordinates and refers to providers for treatment services.

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